Indian Head Animal Hospital

*To insure the best care possible, **please**, take the time to fill out this form completely.*

Admitting Information

Owner: _____ **Name of Spouse:** _____
Address: _____ **Email:** _____
Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Where can you be reached today? _____ **Phone:** _____
In an emergency, contact: _____ **Phone:** _____

Patient: Breed: **Age:** Wt:

Services Requested

Please check the boxes for desired services

- ❑ **Boarding:** Expected date of pickup: _____ **I would like my pet bathed**
- ❑ **Grooming:** ❑ Bath ❑ Flea Control ❑ Nail Trim ❑ Anal Glands (emptied) ❑ Comb-out

Vaccinations: *(For the protection of all pets, we require that all vaccines be current.)*

- ❑ **Please check my records and see if any of the following are due:**

Dogs: ❑ DH PI Parvo & Corona ❑ Rabies ❑ Bordetella
❑ Heartworm test ❑ Fecal Exam ❑ Lymes (not required)
❑ I need Heartworm preventative. (type) _____
☐ Annual Exam

- ❑ **Cats:** ❑ Feline D+RTV+C (Annual Booster) ❑ Rabies ❑ Leukemia/FIV Test
❑ Leukemia Vaccination ❑ Fecal Exam ❑ Heartworm Preventative
☐ Annual Exam

Flea Control: ❑ Advantage ☐ Frontline ☐ Comortis ☐ Capstar ☐ Other _____
Tick Control: ❑ Frontline ❑ Advantix ❑ Promeris
Symptoms: Please list any symptoms you would like the veterinarian to check:
☐ No permission given

- ☐ **Microchip:** ☐ Yes, please place microchip ☐ No permission given
- ❑ **Geriatric Work Up:** (ask for a brochure)
- ❑ **Laboratory Tests as needed:** ☐ Yes, I give permission ☐ No permission give
- ❑ **Routine Blood Tests (CBC, CHEM)** ❑ (Recommended for all) ❑ Required for pets over 7 years
- ❑ **Radiographs:** ☐ Yes, I give permission ☐ No permission given
- ❑ **Ultrasound:** ❑ Yes, I give permission No permission given

If you have any questions or special requests, please tell us.

Signed _____<date>
<first-name> <last-name> Date

Please note this facility is not staffed 24 hours a day.